

# SEEC FORM 2

## PARTY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/07

Page 1 of 2



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Official Use Only

### REGISTRATION TYPE

- ☐ INITIAL  
☐ AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
<b>3. COMMITTEE ADDRESS</b>							
Address				City	State	Zip Code	
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
<b>6. CHAIRPERSON NAME</b>							
Prefix	First	MI	Last			Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address				Address			
City	State	Zip Code		City	State	Zip Code	
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
(       )       —							
<b>11. TREASURER NAME</b>							
Prefix	First	MI	Last			Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address				Address			
City	State	Zip Code		City	State	Zip Code	
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
(       )       —							
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix	First	MI	Last			Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address				Address			
City	State	Zip Code		City	State	Zip Code	
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
(       )       —							

**GO TO PAGE 2 TO COMPLETE ALTERNATE DEPUTY TREASURER (if any)  
DEPOSITORY INSTITUTION AND CERTIFICATION**

*Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.*

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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Page 2 of 2

Do Not Mark in This Space For  
Official Use Only**NAME OF COMMITTEE****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
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**22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS**

Street Address		
City	State	Zip Code

**23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)**

Address		
City	State	Zip Code

**24. ALTERNATE DEPUTY TREASURER TELEPHONE**

( ) —
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**25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS****26. DEPOSITORY INSTITUTION NAME****27. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
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**28. SUBTYPE OF COMMITTEE**

<input type="checkbox"/> Town Committee	<input type="checkbox"/> State Central Committee
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**29. PARTY DESIGNATION**

<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic	<input type="checkbox"/> Other _____
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**30. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this party committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

\_\_\_\_\_  
CHAIRPERSON (SIGNATURE)\_\_\_\_\_  
DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this party committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 150 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

\_\_\_\_\_  
TREASURER (SIGNATURE)\_\_\_\_\_  
DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the chairperson's designated deputy treasurer of this statewide party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become jointly and severally responsible with the state party's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 150 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

\_\_\_\_\_  
DEPUTY TREASURER (SIGNATURE)\_\_\_\_\_  
DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated alternate deputy treasurer of this party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 150 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

\_\_\_\_\_  
ALTERNATE DEPUTY TREASURER (SIGNATURE)  
(STATE CENTRAL COMMITTEES ONLY)\_\_\_\_\_  
DATE (mm/dd/yyyy)

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